

TOWN OF LEXINGTON
Community Development
Building Department



The Commonwealth of Massachusetts
 State Board of Regulations and Standards Massachusetts
 State Building Code For One- and Two-Family Dwellings
 8th Edition

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR DEMOLISH ONE/TWO FAMILY DWELLING

SITE INFORMATION:

Property Address: _____		Lot Area (Sq.ft.) _____
Assessors Map # _____	Parcel # _____	Frontage(ft.) _____
Historic District: Yes/ No	Historical or Architecturally significant buildings outside Historic District Yes/No	Zoning Special Permit: Yes/No

BUILDING SETBACKS:

Front Yard		Side Yard		Rear Yard		Height
Required: _____	Actual: _____	Required: _____	Actual: _____	Required: _____	Actual: _____	Max. 40 ft.
Water Supply:		FEMA Flood Zone:		Sewage Disposal:		Actual: _____
Public: _____	Private: _____	Zone: _____		Municipal: _____ Private: _____		

Provide the name, of the Waste/Rubbish hauler: _____ Phone#: _____
 Address: _____ Is this hauler currently permitted through the Health Department? Yes/no/don't know

Total new construction or a 50% increase in the foot-print subject to Lexington Code § 120 (tree bylaw) Yes/No

Describe proposed work: _____

Estimated Cost excluding Land, Electrical, Plumbing/Gas*: _____

New Single Family Dwellings - Mechanical Cost: _____

*Permit fees are payable at the time of application and are non-refundable, except as otherwise noted under the Board of Selectmen's Procedures, Policies and Fees as listed on the Selectmen's page of the Town of Lexington's website: www.lexingtonma.gov. (Town Government/Department/Board of Selectmen)

NEW ONE/TWO FAMILY ONLY - LIST APPROPRIATE SQUARE FEET:

Basement: (unfinished) _____ (finished) _____		1 st . Floor: _____	2 nd . Floor: _____	3 rd . Floor _____
Garage: (attached) _____ (unattached) _____		Deck/porch (covered) _____ (uncovered) _____		Bathrooms #: _____

PROPERTY OWNERSHIP/AUTHORIZED AGENT: MUST BE SIGNED BY OWNER OF RECORD

Owner of Record: Name (printed) _____ Signature _____ Phone # _____	Mailing Address: _____
---	------------------------

CONSTRUCTION SERVICES:

Licensed Construction Supervisor: Name (Printed): _____ Address: _____ Signature: _____ Phone # _____	Not Applicable: _____ License Number _____ Expiration Date _____
Registered Home Improvement Contractor: Company Name: _____ Address: _____ Signature: _____ Phone # _____	Not Applicable: _____ Registration Number _____ Expiration Date _____

This section for Official Use Only

Permit Fee: _____	Micro-film Fee: _____	Tree Fee: _____	Total Fee: _____
Date Received _____	Receipt #: _____	Permit # _____	
ISSUED BY: _____		Approved Date _____	